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## APPLICANTS

Herbert Bachler, Meilen, SWITZERLAND;

Christian Berg, Uerikon, SWITZERLAND;

\*\* CONTINUING DATA \*\*\*\*\*

N/A (Pbk)

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

000116  
 PEARNE & GORDON LLP  
 1801 EAST 9TH STREET  
 SUITE 1200  
 CLEVELAND, OH  
 44114-3108

## TITLE

Hearing aid

FILING FEE

FEES: Authority has been given in Paper

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )